

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>Mug</i>		2-23-00
<b>O.I.P.E. CLASSIFIER</b>		43	3/3/00
<b>FORMALITY REVIEW</b>	<i>C&amp;H 177</i>		4-8-00
<b>RESPONSE FORMALITY REVIEW</b>	<i>C&amp;H 177</i>		5-1-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
10	✓	✓	
22	✓	✓	
33	✓	✓	
44	✓	✓	
55	0	0	
66	0	0	
77	0	0	
89	0	0	
910	0	0	
1111	✓	✓	
1215	✓	✓	
1318	✓	✓	
1419	✓	✓	
1520	0	0	
1621	0	0	
1722	✓	✓	
1823	0	0	
1925	✓	✓	
2026	✓	✓	
2127	✓	✓	
2228	0	0	
2329	✓	✓	
2430	0	0	
2531	0	0	
2632	0	0	
2733	✓	✓	
2834	0	0	
2935	0	0	
3036	0	0	
3137	0	0	
3238	0	0	
3339	0	0	
3440	0	0	
3541	0	0	
3642	0	0	
3743	0	0	
3844	0	0	
3945	0	0	
4046	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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